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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
OR	OR			25096			
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
	Name			Name			Registration Number
any and all pate	agent(s) to represent the undersignal applications assigned <u>only</u> to the	undersigned acc	nited States Pal ording to the U	ent and Trac ngises OT92	demark Off	fice (USPTO) in o	connection with
attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
X The address associated with Customer i			25096)	
OR			· · · · · · · · · · · · · · · · · · ·		, 	 	
Firm or Individual Name							
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City		State			Zip		
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Assignee Name and Address: Tian Holdings, LLC 2711 Centerville Road, Suite 400 Wilmington, Delaware 19808							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filled.							
SIGNATURE of Assignee of Record The individual whose signature analytic is supplied below is authorized to act on behalf of the assignee							
Signature	nature Jung House		>	Date Jan. 31, 2008			
Name	Guy Provix	7		Telephor	18		
Title	Authorized Person						